

SELVINI, P. (1965). 'Interpretation of anorexia nervosa.'
In *Symposium, 24/25 April 1965 in Göttingen*, (eds:
J. E. Meyer, H. Feldman, Thieme Verlag, Stuttgart).

DEPRESSION: DEFENCE MECHANISMS IN SPEECH

DEAR SIR,

I would like to make some critical comments on some of the findings and interpretations in the recent paper by Hinchliffe, M. K., Lancashire, M. and Roberts, F. J. published in your *Journal* in April. One of the most significant (statistically at least) findings in these authors' study was that 'negators', as defined in their paper, were more common in the spontaneous speech of a group of depressed subjects than in a control group. I do not doubt this finding or its general reality, but I do feel the underlying assumptions in the discussion of its significance are very much misconceived.

Basic to their experiment is the concept of unconscious 'denial' in depression, a psychoanalytic notion whose validity I do not wish to debate either way. Rather it is the link between certain linguistic expressions and assumed psychodynamic processes that I would seriously question. Their work was stimulated by earlier and similar studies by Weintraub and Aronson in the United States, and the latter authors admit deriving their notion of denial as a defence mechanism from Fenichel (Weintraub, W. and Aronson, H. 1964). Just as there are explanatory models for psychodynamics, there are also models of verbal behaviour, and both may be heuristically fruitful in their own spheres; it is jumping from one model to a very different one via a dubious synonym that is so dangerous. To do justice to Weintraub and Aronson, they did evince some unease about this in their earliest paper: 'Denial is not always phrased in the negative, of course, whereas by definition negation is' (Weintraub, W. and Aronson, H., 1962). Nevertheless, in all these studies the frequency of negators is the speech variable used to 'measure' denial. There is, however, a more parsimonious explanation for this abundance of negators, ('no's'; 'not's' etc.). Patients who are depressed have not usually been so during the development of their language and speech repertoire: moreover depression and the expression of it is not the norm; the patients themselves are aware of this. Therefore words associated with the normal mood state might well be expected *a priori* to be commoner than those used in expressing the depressed mood, that is their opposites, and it is simpler probably to negate a common word than to search for an antonym with a lower word frequency. Moreover 'word searching' is often impaired in depression.

An alternative study would be to ask subjects to select between one of a pair of statements with respect to how they feel the statement which *expresses best* for them the sense of the statement. I have constructed a list of twelve pairs of such statements; each pair says virtually the same thing but one in each pair uses a negator, the other not. e.g. (A) I don't have as much of an appetite as usual. (B) I have less of an appetite than usual. If depressives do prefer negators, this would be expected to be revealed in their choices. So far, experience with nearly twenty patients shows no significant differences between depressives and non-depressives. Subjects have found little difficulty in choosing, and there also seems to be little stereotypy of overall response, indicating a well-balanced set of alternatives. When a suitably thorough study has been completed I shall be pleased to communicate to you in full.

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'ATTACHMENT': A DISCLAIMER

DEAR SIR,

A Penguin edition of a book of mine entitled *Attachment* has recently appeared with a lamentably inappropriate cover-design. I am glad to report that the publishers have willingly agreed to cease issuing further copies and to rebind with a new design. Meanwhile, unfortunately, some thousands of copies, already in the hands of booksellers, are difficult to recall.

Will those who happen to see one please bear in mind how deeply I dislike the present design.

JOHN BOWLBY.

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